



## **REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL**

Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995. See The American Inventors Protection Act of 1999 (AIPA).

Application Number	10/668,172
Filing Date*	September 24, 2003
First Named Inventor	I-Kai PAN
Group Art Unit	2872
Examiner Name	L. A. Fineman
Attorney Docket No.	PANI3003/REF

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application. NOTE: \* Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

1.	1. Please consider the following as the required submission under 37 C.F.R. §1.114:												
	⊠	a. The	Amend	men	nent/Reply filed on (date): March 24, 2006								
		b. The	Informa	ation	ion Disclosure Statement (IDS) filed on (date):								
		c. The	argume	ents i	nts in the Brief/Reply Brief filed on (date):								
		d. The	pag	je(s)	e(s) of Form PTO-1449 and copy of each listed document filed (date):								
		e. Othe	er:										
⊠	2.	A Two	A month Petition for Extension of Time is filed herewith.										
Ø	<ol> <li>The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 02-0200.</li> </ol>												
⊠	4.	A check i	ck in the amount of \$ <u>1,240.00</u> is submitted herewith.										
	5.	This Req	This Request is transmitted by facsimile to number (703)										
□ 6. Other:													
THE RO				CE FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	\$790.00				
				·		T *** ***							
	7	Total Claims:	6	-	20	(highest number previously page	aid for) =		X \$50 =				
Ind			6	-	20 3	(highest number previously pa			X \$50 = X \$200 =				
	lepen	Total Claims:	1	-	3	(highest number previously page 1)	aid for) =	ependent C					
	lepen	Total Claims:	1 ress:		3 2336	(highest number previously page 4	aid for) =	ependent C	X \$200 =	790.00			
	lepen	Total Claims:	1 ress:		3 2336	(highest number previously page 1)	aid for) = Multiple De		X \$200 =	790.00			
Cor	rrespo	Total Claims:	1 ress:	usto	3 2336	(highest number previously page 4	aid for) = Multiple De		X \$200 =  Claim (add \$360.00):  . Subtotal:	790.00			
Cor	rrespo	Total Claims: dent Claims: ondence Add	1 ress:	usto	3 2336	(highest number previously page 4 Number	Multiple Do		X \$200 = Claim (add \$360.00): Subtotal: Small Entity Status:				
Cor	rrespo	Total Claims: Ident Claims: Id	1 ress: C	usto	3 2336 mer N	(highest number previously page 4  Number  Fax: 703-683-1080	Multiple Do	eduction if	X \$200 = Claim (add \$360.00): Subtotal: Small Entity Status:	\$790.00			

03/27/2006 SZEWDIE1 00000049 10668172

01 FC:1801

790.00 OP